Remarks

This Amendment is being filed concurrently with a Request for Continued Examination ("RCE"). Reconsideration and allowance of this application, as amended, are respectfully requested.

Applicant first notes the following. The Office Action indicates that only claims 1 and 4-16 are pending (Office Action Summary, and Office Action page 2, "Detailed Action," first paragraph). That is not correct. Claims 16-*18* were added in Applicant's Amendment filed November 19, 2009. See November 19 Amendment pages 12-14, pages 17-18, and pages 24-25. Acknowledgment of, and examination of, claims 17 and 18 are respectfully requested in the next communication from the U.S. Patent and Trademark Office.

Turning to the instant Amendment, new independent claims 19 and 20 have been added to further define the scope of protection sought for Applicant's invention. Claims 1 and 4-20 are now pending in the application. Claims 1, 16, 19, and 20 are independent. The rejections are respectfully submitted to be obviated in view of the amendments and remarks presented herein. No new matter has been introduced through the foregoing amendments. Entry of each of the amendments is respectfully requested.

35 U.S.C. § 102(b) - Kollar

Claims 1, 5, 6, and 10-16 stand rejected under 35 U.S.C. § 102(b) as being anticipated by U.S. Patent Application Pub. No. 2003/0135152 of Kollar et al. (hereinafter "Kollar").

The rejection of claims 1, 5, 6, and 10-16 under § 102(b) based on Kollar is respectfully traversed. For at least the following reasons, the disclosure of Kollar does not anticipate Applicant's claimed invention.

Claim 1 defines an embodiment of the invention in which

> the display and input unit includ[es] a plurality of mode means that show various time modes of a blood treatment on the touch screen, the mode means being selectable by an operator via the touch screen and being arranged with respect to one another in order of their occurrence in time, and includ[es] at least one blood treatment preparation means, one blood treatment means, and one blood treatment after-preparation means, and
>
> the control unit [is] configured to
>
> (i) identify the respectively running time mode and to instruct the display and input unit to show the corresponding mode means selected from other mode means, by showing the other mode means in a first type of symbol and the selected mode means in a second type of symbol, and
>
> (ii) establish an end of at least one of the time modes in order to automatically initiate a beginning of a subsequent time mode and to communicate the initiation of the time mode to the display and input unit for changing the representation of the selected mode means.

Kollar's "Disposable Cartridge for a Blood Perfusion System" is structurally and functionally different from Applicant's claimed blood treatment unit. Kollar relates to a disposable cassette for an extracorporeal blood treatment system. In Section VII "System User Interface" (page 17), Kollar describes the user

interface of the blood treatment system. See, in particular, Figures 30A and 30I.

Figure 30A shows a screen 242 with the title "User Set Up." Various instructions 1 to 7 are shown. After the user has undertaken actions according to the instructions, this particular screen can be left by touching the "Load" button. The next screen that would appear is shown in Kollar's Figure 30B.

Figure 30B shows the new screen and has a title "Auto Load," and offers the user the buttons 1 to 5. After the corresponding steps have been concluded, the user must touch the "Auto Prime" button in order to get to the next screen, which is shown in Figure 30D.

The screen in the aforementioned Figure 30D appears similar to the screen of Figure 30B. After again having carried out the corresponding actions, the user must touch the "Bypass" button in order to get to the screen of Figure 30I.

The screen of Figure 30I is different from the above-described screens, each of which concerns preparational steps that are carried out before an extracorporeal blood treatment takes place. The screen of Figure 30I concerns the actual operation of the system during a blood treatment. The screen of Figure 30I therefore has the title "Main." The screen of Figure 30I provides treatment parameter values as well as status information.

If the user would like to leave the treatment mode, he must touch the button "Go to Post Bypass" in Figure 30I, which

leads to the screen shown in Figure 30J. Should the user wish to terminate the operation of the blood treatment system and to remove components of the extracorporeal blood circuit from the device, it is necessary to touch the button "Move to Unloading" shown in Figure 30J. This causes the screen shown in Figure 30K to appear.

The screen shown in Figure 30K is entitled "Unload." Similar to the first-described screens, the screen of Figure 30K provides instructions - for the removal of the extracorporeal blood tubing set - and additional buttons for other purposes. If the user would like to start the system again, he must activate the button "Set Up" as shown in Figure 30L. Then, the user will return to the screen shown in Figure 30A.

Therefore, Kollar only discloses screens that concern either the preparation of the blood treatment device (e.g., "User Set Up," "Auto Load," and "Auto Prime"), the operation of the blood treatment system during the blood treatment (e.g., "Main"), or any actions carried out after the blood treatment (e.g., "Unload"). That is, according to Kollar, only one screen is shown at the same time, and if the user would like to change from one screen to the next, the user must take an action like touching a button in order to provide the instructions to do so.

However, an important feature of the instant invention is that it provides for the *automatic* selection of operating modes. That is, claim 1 requires in pertinent part that the control unit be configured to "(ii) establish an end of at least one of the time

modes in order to *automatically initiate* a beginning of a subsequent time mode and to communicate the initiation of the time mode to the display and input unit for changing the representation of the selected mode means" (emphasis added).

Applicant respectfully submits that the examiner may have overlooked the aforementioned important feature of the instant unit, i.e., the ability to automatically initiate a beginning of a subsequent time mode, when the preceding time mode has come to an end. The aforementioned feature ensures that the initiation of a subsequent blood treatment mode of a treatment schedule may be either operator selected or automatically initiated, with the touch screen optimally supporting both of these ways of switching the blood treatment mode.

Therefore, Kollar's device is different from the embodiment of Applicant's invention that is defined by instant claim 1. Since Kollar does not meet each feature of the claimed invention, Kollar does not anticipate the invention defined by claim 1. Claims 5, 6, and 10-15 are allowable because they depend, either directly or indirectly, from claim 1, and for the subject matter recited therein.

Independent claim 16, which includes each feature of claim 1, is similarly allowable, as are dependent claims 17 and 18. Claim 16 defines an embodiment of the invention that includes a

> display and input unit including a plurality of mode touch screen areas that display modes of the blood treatment on the touch screen, the mode touch screen

> areas being selectable by an operator and being arranged sequentially on the touch screen in order of their occurrence in time during the blood treatment, and including at least one of the mode touch screen areas for each of a blood treatment preparation mode, a blood treatment mode, and blood treatment post-preparation mode.

Claim 16 also requires, in pertinent part, that the control unit be configured to "(ii) establish an end of at least one of the modes in order to *automatically initiate* a beginning of a subsequent mode and to communicate the initiation of the subsequent mode to the display and input unit for changing the representation of the operating mode."

Since claim 16 includes at least the features discussed above with respect to the rejection over Kollar, the reference fails to anticipate the unit defined by claim 16.

Claims 17 and 18 are allowable because they depend from claim 16, and for the subject matter recited therein. As pointed out in Applicant's Amendment of November 19, 2009, claim 18, for example, defines an embodiment of the invention in which the touch screen area for the blood treatment preparation mode includes a touch screen area for each of a blood system mode 41a and a preparation mode 41b, and the touch screen area for the blood post-preparation mode includes a touch screen area for each of a re-infusion mode 43a and a purification mode 43b.

35 U.S.C. § 103(a) - Kollar

Claim 4 stands rejected under 35 U.S.C. § 103(a) as being unpatentable over Kollar.

The rejection of claim 4 under § 103(a) based on Kollar is respectfully traversed. For at least the following reasons, the disclosure of Kollar would not have rendered obvious Applicant's claimed invention.

Claim 4 depends from claim 1. For all of the reasons explained above in response to the rejection of claims 1, 5, 6, and 10-16 under § 102(b) based on Kollar, claim 1 is allowable. Claim 4, therefore, is also allowable.

And, because of the differences described above in response to the rejection under § 102(b), there is simply no teaching in Kollar that would have led one to modify the reference in a way that would result in the invention defined by claim 4. Accordingly, the disclosure of Kollar would not have rendered obvious Applicant's claimed invention.

35 U.S.C. § 103(a) – Kollar and Peterson

Claims 7-9 stand rejected under 35 U.S.C. § 103(a) as being unpatentable over Kollar in view of U.S. Patent No. 5,247,4343 to Peterson et al. ("Peterson").

Claims 7-9 depend, either directly or indirectly, from claim 1. For all of the reasons explained above in response to the

§ 102(b) rejection based on Kollar, claim 1 is allowable. Claims 7-9, therefore, are also allowable.

Furthermore, regardless of what Peterson may teach with regard to a hemodialysis device, that disclosure alone fails to rectify any of the above-described described deficiencies of Kollar.

And, there is simply no teaching in Kollar and Peterson that would have led one to select the references and combine them, let alone in a way that would produce the invention defined by any of Applicant's claims 7-9.

Therefore, the combined disclosures of Kollar and Peterson would not have rendered obvious the embodiments of the invention defined by any of claims 7-9.

New independent claims 19 and 20 have been added to further define the scope of protection sought for Applicant's invention. Claim 19 includes each feature of claim 1, and claim 20 includes each feature of claim 16. Claims 19 and 20 define embodiments of the blood treatment unit in which the individual operating mode displays remain permanently visible on the touch screen displays regardless of which mode may be in operation. Support for the aforementioned feature is found in the disclosure at, for example, specification page 10, first full paragraph.

In view of the foregoing, this application is now in condition for allowance. If the examiner believes that an

interview might expedite prosecution, the examiner is invited to contact the undersigned.

Respectfully submitted,

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